

CAP-MR/DD Appeals Including Level of Care Decisions

Lead Agencies never determine a person's eligibility for the ICF-MR Level of Care or continuing eligibility for the ICF-MR Level of Care. EDS makes those decisions.

The appeals process that follows in Appendix P-2 is for CAP-MR/DD denials, reductions, suspensions, and terminations of services, resulting from issues involving cost-effectiveness, funding rules, or health, safety, and welfare. This process only applies in these circumstances, and **does not** apply to questions about the person's eligibility or continuing eligibility for the ICF-MR Level of Care.

Section 25 contains information about the various types of appeals that may apply to other types of CAP-MR/DD Appeals. The following are the seven types of appeals related to CAP-MR/DD Funding and the Agency responsible for the appeal:

Type of Appeal	Responsible Agency
Medicaid Eligibility	DSS
Disability Determination	State Office for Disability Determination
Level of Care Decisions—Initial Determination by Lead Agency	EDS
Level of Care Decisions—EDS Determination	DMA
Level of Care Decisions—Continuing Eligibility	EDS
Physicians Recommendations	Not appealable
Provider Terminations	Not appealable
Prioritization Decisions, Denials, Reductions, Suspensions, and Terminations including Decisions of Lead Agency Local Approval and DMH/DD/SAS	DMH/DD/SAS Appeals Process